

**MENTAL HEALTH OVERSIGHT ADVISORY COUNCIL**  
**February 16 – 17, 2006**  
**MACo Building – Helena**

Members Present: Mignon Waterman, Leslie Edgcomb, Jim Fitzgerald, Tom Peluso, Jacob Wagner, Drew Schoening, Joyce DeCunzo, Don Harr, Barb Hogg, Suzanne Hopkins, Bill Kennedy, Kathleen Nelson, Tamara Nauts, Pam Koepplin, Mary Dalton, Frank Podobnik, Boyd Roth, Bob Jahner, Gary Popiel, Joan Daly, Dan Weinberg, Gerald Pease, Liam Holton

Staff Present: Carol Davidson, Lou Thompson, Deb Sanchez, Dan Ladd, Mary Jane Fox, Jane Wilson, Cheryl Nystrom

Guests Present: Linda Roth, Tim Kober, Gene Durand, Gene Haire, Bonnie Adee, Deb Matteuci, Heidi Spritzer

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action</b>
Meeting Summary		Add date to Peer Services from November 16, 2005 meeting.  Add comment on Ombudsman Report in Action section “It was recommended to Ombudsman Office to include ...”
Ombudsman Report – Bonnie Adee	Clarification – One section of report is complaints and the office does not deal with reports as much due to field staff for children and adult mental health.  Hot Issues: <ul style="list-style-type: none"><li>➤ Medicare Part D and the implementation of Medicare. Very difficult to contact anyone on the toll free number. Concerned about the next implementation of moving</li></ul>	

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Ombudsman Report continued	<p>the dual eligibles of MHSP and Medicare over to Medicare Part D.</p> <ul style="list-style-type: none"> <li>➤ Receiving more calls from the criminal justice system and accessing medical care, particularly those persons transitioning between systems.</li> <li>➤ Presently, Montana does not have a crisis system but a collection of crisis services.</li> </ul> <p>Developing a working relationship between the field staff of the children and adult mental health and the Ombudsman Office.</p> <p>Council member would be interested in receiving information broken down by service area authorities.</p>	<p>Bonnie will work with Dan Ladd, regional planner for AMDD, to distribute the requested information.</p>
Executive Planning Process (EPP) and Budget Discussions – Joyce DeCunzo	<p>By April 1 the Department must determine the proposals for new programs to be funded. The next step is the priorities are sent to the Governor’s office. The Governor’s office will determine their budget and legislative requests. The Governor’s Office will give the Department the final budget figure and priorities will be determined by that final budget figure. This will be the final package presented to the legislature from</p>	<p>A flowchart of the EPP might be helpful to understand.</p>

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EPP and Budget Discussion continued	<p>the executive branch.</p> <p>Listening tour came up with crisis services and the recruitment and retention of professional staff as the primary issues in mental health. At the same time, began meeting with the Governor's office on a regular basis to discuss the overcrowding of Montana State Hospital (MSH). Tasked by the Governor to develop long term solutions.</p> <p>The result of the listening tour and meeting with the Governor's staff was the Crisis Management Initiative. (Chart was sent to Council prior to meeting.)</p> <p>Need to develop options available to persons in crisis in the communities such as:</p> <ul style="list-style-type: none"> <li>➤ Better utilization of community hospitals. (These options are listed on the chart.)</li> <li>➤ Transitional services as stepping stones have been identified as needed services.</li> <li>➤ Seventy-two hour presumptive eligibility.</li> <li>➤ Trained emergency hospital staff would be important to have</li> </ul>	<p>Important to note that two of three priorities of the Council are included in the Initiative. These priorities are peer services and crisis services.</p>



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	<p>Legislature asked DOC to create a 256 special needs unit which can include:</p> <ul style="list-style-type: none"> <li>▪ Persons with mental illness</li> <li>▪ Persons with major medical issues</li> <li>▪ Persons with Hepatitis C</li> </ul> <p>DOC has a building (X Building) on the MSH campus which is currently being used for fourth offense DUI (WATCH program) and therapeutic community for persons with addictions (Connections Corrections). The philosophy is to “treat the individual rather than the commitment”.</p> <ul style="list-style-type: none"> <li>▪ Move the programs to another building and move those persons that are mentally ill to the Dr.X Building. The DOC can provide the security and MSH can teach DOC staff how to provide treatment. This would be about 100 beds.</li> <li>▪ Buy beds from Montana Chemical Dependency Center (MCDC) for persons with addictions.</li> <li>▪ Put an addiction counselor in the probation offices.</li> <li>▪ Contract out additional “special needs” beds in the community.</li> </ul>	

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Corrections Connections continued	<ul style="list-style-type: none"> <li>Focus on jail diversion programs and educate jail staff.</li> </ul>	
Block Grant Committee Report – Bob Jahner	Will discuss the flow of information and timelines tomorrow.	
Advocacy Committee Report – Jim Fitzgerald	<p>Charge is to develop a communication plan between the Council, Systems of Care Committee (SOCS), Kids Management Authority (KMA), Service Area Authorities (SAA), and Local Advisory Councils (LAC).</p> <p>Blue Ribbon Committee established</p>	<p>Gather information from each of the stakeholder groups in what is needed for communication.</p> <p>Suggested that a web site be available with all of the information from the stakeholder groups.</p>
Development Committee Report – Don Harr	<p>Monitor the attendance of Council members to ensure continuity of the Council.</p> <p>Bylaw Amendment I presented to Council.</p>	Motion carried
Mental Health Services Bureau - Lou Thompson	<p><u>Request for Proposal (RFP)</u> anticipated due date is April 15 with implementation of July 1.</p> <ul style="list-style-type: none"> <li>Target population: SDMI and SDMI with co-occurring disorder. Can broaden to include children with SED.</li> </ul>	

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Mental Health Services Bureau - continued	<ul style="list-style-type: none"> <li>Requirements: demonstrate collaboration in community with one of the collaborators being licensed mental health center; demonstrate sustainability, endorsed by SAA.</li> <li>One time only funds and work completed by June 30, 2007.</li> </ul> <p><u>HIFA (Health Insurance Flexibility Act) Waiver:</u></p> <ul style="list-style-type: none"> <li>move 2200 individuals from MHSP to limited Medicaid with health and mental benefits.</li> <li>Concept paper was released and in process of answering questions. Major concerns are the MHSP and access. Answers to questions will be on web site by end of February.</li> <li>Incorporate comments into concept paper and send to Governor's office for final approval.</li> </ul> <p><u>Medicare Part D:</u> Those persons with dual eligible of MHSP and Medicare.</p> <ul style="list-style-type: none"> <li>These individuals will move to Medicare May 1.</li> <li>For those that do have Medicare, MHSP will serve as a back up.</li> </ul>	<p>Send a letter to Governor praising the exemplary work on behalf of the state pharmacists.</p>

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Mental Health Services Bureau - continued	<ul style="list-style-type: none"> <li>• The \$425 will be used as co-pays, etc for those persons who do not qualify for Blue Rx.</li> <li>• Lou will send a report of those persons have moved over and those who have not moved.</li> <li>• Format for press release and sent to Council so can get it in the papers in individual communities.</li> </ul> <p><u>HCBS Waiver:</u> We have a person under contract to write the waiver.</p> <p><u>Co-Occurring Initiative:</u></p> <ul style="list-style-type: none"> <li>• March 8 will be a “bosses” day for those executive directors of state approved alcohol and drug programs and adult mental health providers.</li> <li>• June 9, AMDD will contract with Dr.Minkoff to provide training on psychopharmacology. Target those individuals who are working on an ongoing with co-occurring disorders.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Suggest target the ER doctors for training. Brian Simms at MMA to get it on the calendar. The newsletter goes out every other month.</li> <li>➤ Contact those physicians who treat persons in jail. Send to sheriff offices.</li> <li>➤ Address the partnership between the treating physician and consumer.</li> </ul>



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Mental Health Services Bureau - continued	<p><u>SOAR (SSI/SSDI Outreach, Access and Recovery) Training</u>: Training is scheduled for March 22-23 and April 26-27</p> <p><u>WICHE</u> has submitted a draft prevalence study.</p>	
Health Resources Division – Mary Dalton	<p><u>TCM (Targeted Case Management)</u>: Center for Medicaid and Medicare Services (CMS) has come out with new rulings will impact the Children Mental Health Bureau.</p> <ul style="list-style-type: none"> <li>• No longer can pay case management for those persons that have another source of case management. Affects those persons who are in foster care and criminal justice.</li> <li>• Bush has sent a proposal to move targeted case management out of services category and into administrative which is 50/50 match as opposed to 70/30 match.</li> <li>• Children Services – Therapeutic foster and group care. CMS is reviewing states on this utilization. Daily rate for foster and group care and room and board split out. \$70 million impact.</li> </ul>	<p>Draft a letter to be sent to our Congressional delegation concerning the budget reconciliation act and Bush's proposed budget</p>

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Health Services Division Continued	<ul style="list-style-type: none"> <li>• FMAP drop a percentage. If this happens this will be \$6 - \$6.75 million loss.</li> <li>• Caseload has grown in children's mental. Children mental health is \$56 million annually with 9,000 children served.</li> <li>• Have to take FMAP and caseload and supplement with general funds. This will impact the next biennium budget.</li> <li>• Crisis services and how to make it happen rather than "bricks and mortar". Need to be creative on this issue and include kids, developmental disabilities and adults.</li> </ul> <p><u>SED Waiver</u> –Still working on the waiver but federal government underestimated the personnel impact on Medicare Part D. Match money for persons admitted to residential centers.</p> <p><u>CHIP</u> – 265 kids in CHIP that would be SED. Provide wrap around services with therapeutic group home for 30 days. Will pay room and board, 30 days of therapeutic family and day treatment.</p>	

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Health Resources Division Continued	<p><u>Chip continued</u> - Add additional visits to counseling and increase respite to 144 hours a year. Should start March 1. Presently have 12,000 kids on CHIP it is estimated that there are 15,000 more children eligible. Proposed to redistribute the money and re-align to the neediest.</p> <p><u>Big Sky Rx</u> – It is getting better with Medicare Part D. Will pay premium up to \$33 month for those persons who are below 200% if poverty. This is Medicare eligible individuals. Brochures available at pharmacies and libraries. There will be a press release out at the end of March.</p>	
Board of Visitors – Gene Haire	<p>There is a disincentive to reach out to others for MHSP because there is a limited amount of funds.</p> <p>\$3 million a year for MHSP population with services only. The centers provide uncompensated care. It is 150% - 300% above the contracted amount. MHSP served is approximately 2300 a month.</p>	

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Block Grant Discussion – Bob Jahner	A cycle of public service described. Suggest committee to meet with staff to determine draft priorities.	Develop 3-5 draft priorities, mail out to group and discuss in the May meeting. Recommendations go to staff from the Council. Turnover to staff to develop block grant application.  Block grant committee: Leslie Edgcomb, Bob Jahner, Lisa Belcourt, Karen Ward, Mignon, Dan Ladd, Kathleen Nelson, and Marcia Armstrong.
Crisis Services Discussion – Joan Daly	<ul style="list-style-type: none"> <li>• Survey hospitals on number of crisis beds in community hospitals.</li> <li>• Pathways data demonstration next meeting which help us collect standard data.</li> <li>• Police, county attorneys, etc. are the key people to have at table for negotiating.</li> <li>• White paper on what each of the agencies is struggling with.</li> <li>• Perhaps use the planning process described earlier.</li> </ul>	Joan Daly is chair.
Criminal Justice Discussion – Drew Schoening	<ul style="list-style-type: none"> <li>• Staffing level within DOC is inadequate for this population. Need to divert SDMI from prison to treatment.</li> <li>• DOC, county and jails should be under the Council’s oversight.</li> </ul>	

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Criminal Justice Continued	<p>Supports the following:</p> <ul style="list-style-type: none"> <li>➤ Hire more mental health staff</li> <li>➤ Apply for federal grant on mentally ill offender</li> <li>➤ Training to staff</li> <li>➤ Co-occurring model</li> <li>➤ Submit annual mental health report to include the served, number of services, describe major issues around mental health – this would be similar to block grant</li> <li>➤ Support more discharge planner</li> <li>➤ Encourage to seek alternatives for mentally ill</li> <li>➤ Start back up bridges program</li> <li>➤ Hire liaison</li> <li>➤ Look at contractors to ensure adequate mental health services</li> </ul> <p>Encourage DPHHS director to follow through on liaison position.</p> <p>Sheriffs and County Commissioners – jail standards for mental health care, contract with mental health professionals, train detention officers and medical staff.</p>	

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Criminal Justice Discussion Continued	<p>Attorney general is encouraging diversion efforts, community mental health commitments rather than jail, education of county attorneys and judges, request competency evaluations and divert if necessary.</p> <p>Helena would like to partnership with agencies to come up with a law enforcement plan for having CIT state wide.</p>	<p>Draft letter and see what the council would add. Use this as a marking spot and oversee improvement and communicate to dept. on a regular basis.</p> <p>Drew will draft letter and have approved by the council. Mignon will discuss with Joyce the concerns and the protocol.</p>
Peer Services Discussion – Pam Koepplin	<p>Peer Services would include the following:</p> <ul style="list-style-type: none"> <li>➤ Recommend that a number of positions be implemented.</li> <li>➤ Figure out the essential elements in job description, minimum standards in peer services program.</li> <li>➤ Requirement would be a minimum of a GED or high school diploma.</li> <li>➤ Certification which opens up ability to seek Medicaid funding and legitimizes peer specialists.</li> <li>➤ PACT programs would have a peer on the team. The peer support person would be part of an interdisciplinary team.</li> <li>➤ These would be paid staff and in recovery.</li> </ul>	

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Peer Services Discussion Continued	<p>Concern was expressed about the confidentiality of persons that are peer specialists. When applying for housing, etc they have to put job title.</p> <p>Come together twice a year and discuss challenges and ethical dilemmas.</p>	Look at training of an organization that supports this work. (peer specialists)
Other Discussion	Bush is looking at eliminating the rehab option for psychological services.	The Council will send a letter to our Congressional delegation stating our concerns and impact the Budget Reconciliation Act and the presidential budget proposals will have on the mental health services for our adults and children.

**Next meeting:        May 18-19, 2006**  
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